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ABSTRACT

State regulation of occupational licensing is becoming the subject of nationwide debate. The issues being questioned and suggestions for their solutions include the following: (1) Is it necessary to regulate occupations, and, if it is, to what extent? Regulation is required only if its need is well-documented, and it should be kept to the minimum amount necessary to do the job. (2) Should the purpose of regulation be to permit all qualified applicants to practice, or should it be to control and limit the number of practitioners? Licensure requirements should be job-related, not discriminatory. (3) Should reciprocity be granted to qualified nonresidents of a state? Fair and reasonable access to licensing should be provided to nonresidents. (4) What group should be responsible for administering the regulations, how should its accountability be insured, and how much autonomy should it have? Boards should be instituted only if absolutely necessary, their membership should include lay persons to protect consumer interests, and their decisions should be subject to review. (5) How should the economic interests of the public be protected? Legislation should be enacted to permit professions to advertise and engage in competitive bidding, and the use of paraprofessionals and new technology should be reviewed by legislators. (6) How should continued competency be demonstrated by practitioners? Boards should vigorously enforce disciplinary and competency standards and employ internalized self-controls. (ELG)

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ISSUES AT STAKE IN OCCUPATIONAL REGULATION

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ISSUES AT STAKE IN OCCUPATIONAL REGULATION

By

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A serious debate is underway across the country about the vast amount of government regulation that permeates the lives of ordinary citizens. People are asking "Do we need so much regulation? Who benefits from regulation? What is all this regulation costing us?

In some states legislators have attempted to come to grips with the burgeoning bureaucracy through Sunset legislation. In others, studies are focusing on the structure of licensing, and on ways to insure that whatever regulation may be necessary is conducted in an efficient manner with full accountability to the people.

Senator Schaaf has asked me to talk about some of the issues at stake in occupational regulation. The issues that I have chosen are those that I feel are most important from a national perspective. Whether they are as relevant here in Minnesota as elsewhere is for each of you to determine for yourself. My purpose today is to stimulate you to a greater awareness of areas where problems may exist and alert you to some of the possibilities for change, should you conclude that changes are needed.

NEED FOR REGULATION AND LEVEL OF REGULATION

It seems to me that the most basic question of all is, "Should we be regulating the occupation in the first place?" Unless there is a well documented public need for regulation, my advice is, "Don't regulate!" A corollary to this might be, "If you must regulate, choose the minimum level of regulation that will do the job."

This is a message that has not yet gotten through to legislators in many states. As far as I know, only Minneosta and Virginia have developed orderly procedures for determining when an occupation needs to be regulated and what form such regulation should take. Since Tom Triplet will be reviewing the history of occupational regulation in Minnesota and will undoubtedly cover the procedures used by the Human Services Occupations Advisory Council (HSOAC), I will skip the details. However, on occasion, I have been asked, "I will skip the details. However, on occasion, I have been asked, "If the procedures are so good, why hasn't Minnesota adopted it for all new groups seeking regulation?" I was pleased to read that your Management Services Division, in its 1977 report, urged the legislature to establish an advisory committee to make recommendations concerning the regulation of non-health occupations.

Another question that often comes up--especially in connection with Sunset--is, "Wouldn't it be a good idea to require already regulated groups to undergo the same type of scrutiny that is now given to new groups?" I think the idea has merit, whether you call it "Sunset" or the exercise of normal legislative oversight. Unless the legislature periodically reviews whether the need for regulation still exists, once regulated, an occupation is likely to be regulated forever.

But the questioning should not end here. It is appropriate to ask, if a need for regulation exists, whether licensing[1] is the appropriate method. During the past four years, I understand that HSOAC has recommended licensure of only new health occupation--X-ray machine operators. They concluded that

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[1] Licensing is a process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency required to ensure that the public health, safety, and welfare will be reasonably well protected.

in three instances no regulation was warranted, and in five others, registration[2] alone was adequate. To me, this suggests that already regulated groups ought to be scrutinized and, where possible, their level of regulation downgraded. I am not suggesting that this will be easy, because once a group is licensed, it gets very possessive about the privileges that go with licensure. But if you are going to review the matter of need for continued regulation, you should also go a step farther and reevaluate whether in many cases registration would be an adequate replacement for licensure. Now, let us move to the second issue.

PURPOSE OF REGULATION: INCLUSION OR EXCLUSION?

If you are going to have regulation, you must decide whether the law will permit all qualified applicants to practice, or whether it will be primarily a device to control the supply of practitioners. In our booklet, Occupational Licensing: Questions A Legislator Should Ask, we state the principle that all requirements and evaluation procedures for entry should be clearly related to safe and effective practice.

If you accept this principle, you should review existing requirements and apply the test of job relatedness. You should ask, what do age, years of formal education, citizenship, residence, have to do with an applicant's ability to be a safe and effective practitioner? Last year a Joint Legislative Committee in Wisconsin examined these and other requirements and prepared legislation that would eliminate certain requirements altogether and establish uniformity across occupations for others.

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[2] Registration (as used in Minnesota) is the process by which a governmental agency recognizes, identifies and lists on an official roster individuals who meet predetermined qualifications.

One of the requirements they studied was 'good moral character.' They concluded that only convictions for serious crimes directly related to the occupation for which licensure was being sought should be considered in making a decision about fitness to practice. The Management Services report contains a similar recommendation and should be supported.

Training and experience are usually legitimate requirements, but even here one must be careful. Is the duration of training or the amount of experience required excessive? You should ask proponents on what basis their requirements were determined. Would a lesser amount be adequate?

The tests and testing procedures used in the licensing process leave the door open for potential abuse. Perhaps the single most important point to remember is that all tests and evaluation procedures should be job related. They should be based on some type of job analysis and the test should reflect only those dimensions of the job that are relevant to the purposes of licensing.

The job analysis for a real estate salesperson, for example, might show that sales ability is critical to successful job performance. However, it does not follow that questions about effective sales techniques should therefore be included on a licensing examination. While sales ability is job related, it is not directly related to the purpose of licensing, which is to protect the public. Questions about salesmanship would not be appropriate. However, questions about the salesperson's responsibility for making full disclosure about a property to a prospective buyer would be appropriate, because such questions are not only job related, they are also related to the consumer protection objective of licensing.

This matter of job relatedness is going to be increasingly important in the years ahead because the federal government is asserting that its Federal

Guidelines for Selection Procedures apply to certification examinations when the license or certificate is required for employment.

Under these circumstances, if tests produce a disparate impact on the employment opportunities of women or minorities, the burden of proof for showing that the testing procedure is valid shifts to the test user--in this case, the licensing board. One of the ways a board will be able to defend its test is by showing that it is based on an up-to-date job analysis.

RECIPROCITY

While you arelooking into the issue of restrictive entry requirements, you should also ask whether statutes, policies or procedures of various boards have the effect of excluding qualified practitioners from other states or foreign countries, or whether they make it relatively easy for them to become licensed in your state.

Reciprocity agreements are essentially bilateral treaties between states. They say, in effect, that if you allow licensees from our state to practice in your state, we will do the same for you. On the surface that sounds reasonable, yet it often works a hardship on qualified individuals who happen to come from states with which no reciprocity agreements have been negotiated. The whole matter is beyond the control of the individual.

It seems to me that what you want is reasonable assurance that the applicants have roughly the equivalent training and experience of those licensed at about the same time in your own state; that they took a reasonably comparable examination; and above all, that they have been engaged in active practice. To tell mature practitioners that they must pass the same examination as applicants fresh out of professional training is almost the same as telling them, "Apply if you dare. We plan to make it as tough as possible

for you to get licensed." How many mature practitioners from your own state would be able to get licesned if they had to take the current entrance examination?

For these reasons, I urge that you review existing policies relating to licensure from out-of-state and from foreign countries and consider whether qualified individuals seeking licensure in your state have fair and reasonable access to the credentialing process.

ADMINISTRATION AND ACCOUNTABILITY

Now we come to a couple of tough ones. Who is going to administer the regulatory law and what checks and balances are needed to ensure that boards operate in the public interest?

As you consider ways to regulate an occupational group, ask whether the regulatory objective could be accomplished by an administrative agency, perhaps with assistance from ad hoc advisory groups, as needed. Unless there are compelling reasons to have a board, you may be better off without one.

If a board is needed, how shall it be constituted? Should it be made up entirely of members of the occupational group and members from closely related occupations, or should there be lay representation as well?

For many years, the trades and professions argued that only members of their own occupational group were qualified to make judgments about entrance standards, examination content, rules of professional conduct, or disciplinary matters. This professional mystique held that laymen had no role to play in the regulatory process.

Consumers are now challenging this view. They argue that since regulation affects their vital interests, they have a right to share in the decision-

making process. There has been a growing movement to place lay persons on regulatory boards in order to provide a point of view that would otherwise be absent from boards composed entirely of license holders.

Twenty-one states now have public members on one or more boards. The numbers tend to be small--usually one or two per board. In 1976, California enacted a law placing a majority of public members on all boards except those in accountancy and those that were health related. Consumers and legislators all over the country are watching the California experience. I can discern no rush in other states to follow the California example, but I do hear consumers asking for more than one or two members. They would like to see the number increased to three or four lay members--or perhaps one less than a majority. While the number is important, I believe in the long run it will prove to be less important than the quality of the individuals appointed. Filling public member slots with unqualified people as a way of meeting patronage commitments will not work. In places where public members seem to be making constructive contributions, the appointing authority has made a strenuous effort to find people with backgrounds that will equip them to deal with the issues likely to come before the board; with a strong interest in serving; and with enough time to devote to board activities.

The search process is important; so is the orientation that new board members are given. I would like to see the need for orientation specified in law. Otherwise, it can be ignored or neglected by the executive branch. All board members should be familiarized with the basic statute, the rules, regulations and policies of their boards, and the state's administrative procedures act. They should be given copies of at least the last three annual reports of their board and minutes of the past year's meetings.

They also need statistical and demographic information, such as: How many people are licensed, in- and out-of-state? How many are actively practicing? How many applicants passed and failed the screening exams? How do pass rates compare for in- and out-of-state applicants? They should know their role in the evaluation of applicants.

With such information, board members would be in a better position to assume their responsibilities and begin to function. Without it, they are likely to be in the dark for at least the first year of their work.

AUTONOMY AND ACCOUNTABILITY OF BOARDS

Now we come to what is perhaps the overriding issue that needs to be faced: How much autonomy should boards have? My dictionary defines autonomous as "self-governing, independent, subject to its own laws." Thus, an autonomous board has the power to promulgate rules and regulations that have the force of law. It usually has full decision-making authority within the scope of its law. The courts will seldom intervene or overturn the action of an autonomous board unless it can be shown that the board has exceeded its statutory authority or that it has acted in an arbitrary or capricious manner.

In view of their very substantial powers, it is reasonable to ask, "To whom are such boards accountable?" Technically, they are accountable to the legislature. But with legislators overburdened with more pressing concerns, little, if any, significant oversight of boards is likely to be exercised, except in response to serious complaints. Critics say that the lack of adequate accountability led to many of the abuses now coming under scrutiny. Some of these abuses might not have occurred had board actions been subject to closer oversight. Even where boards must conform to a state's administra-

tive practice act--as in rulemaking--the procedures tend to be pro forma, with little input from the public. However, as a practical matter, with both a lack of legislative oversight and autonomous boards, there are no really effective checks and balances similar to those found elsewhere in state government.

For a while, the creation of umbrella agencies appeared to offer a solution. In retrospect, this arrangement has not worked too well. Many umbrella agencies did little more than provide housekeeping services. They have not provided an effective accountability mechanism because the directors frequently lacked authority to question board actions or to intercede on substantive matters. Thus, even under an umbrella arrangement, most boards have managed to retain their essential autonomy. There is now a movement afoot to make all regulatory boards subject to reasonable checks and balances.

Legislators are also becoming aware of yet another reason why some sort of systematic review process is needed. That is the need to facilitate policy coordination. At present each board does whatever it feels is necessary and proper from the viewpoint of its own discipline. In the health area, for example, no board is required to consider what impact its decisions may have on other parts of the very complex health services delivery system. In practice there if often informal consultation among autonomous boards on problems that cut across several disciplines. But with the present system, if any board wants to do its own thing, there is very little that can be done about it, short of bringing the issue before the legislature.

These are some of the reasons why legislators are expressing a renewed interest in <u>examining the administrative structure of licensing and in fostering arrangements that promote efficiency, policy coordination and public accountability</u>.

There is little doubt that umbrella agencies have the potential for improving efficiency, but they will not necessarily promote policy coordination or accountability unless changes are made in the authority structure within which they operate. Some entity must be given the power to review proposed board actions from a public interest viewpoint.

The idea of reviewing board actions is not new. In New York State this has been the practice for more than 80 years. Boards in that state function much as they do in other states with one important difference: They do not have final decision-making authority. All proposed rules and other actions are sent to the State Board of Regents as recommendations. The Regents make the final decision.

Who are the Regents? They are citizens appointed by the legislature for seven-year terms. All licenses are issued, all rules are promulgated, all disciplinary actions are taken in the name of the Regents. The Regents may call on the staff of the Division of Professional Licensing or the Division of Professional Conduct in the State Department of Education for advice in arriving at a decision. If they conclude that a proposed rule or disciplinary action would not be in the public interest, they can modify or reject it altogether. I call this the "commission" approach because decision-making authority is shared by a board or commission representing the public.

Another model might be called the "strong director approach." In Illinois, board members are appointed by and can be removed by the Director of the Department of Education and Registration. Boards are advisory. The Director receives recommendations from the boards, but is not required to follow them. As a gubernatorial appointee, she is supposed to look at all recommendations and proposed actions from a public interest point of view. In California, where boards have retained a substantial amount of autonomy, the Director of the

Department of Consumer Affairs, the host agency, also has substantial review powers. He can veto some, but not all, actions by the regulatory boards housed within his department.

The strong director model makes me somewhat uneasy because it lodges so much authority in one person. That may be all right when directors are courageous and wise and have a sense of what is fair and reasonable for both the public and the professions. But what if directors are weak or ambitious? They may not be willing to tangle with powerful professional groups, so nothing ever gets challenged. They may use their positions to develop close personal relationships with officials in regulated occupations in order to line up lucrative jobs for the day they leave government service. The revolving door goes around more often than we realize.

While granting review powers to an umbrella agency director or to a lay board would help to resolve the accountability issue, the matter of policy coordination might still remain. In the health and human services areas, for example, regulatory decisions often impact on non-regulatory issues, such as education and training, manpower utilization, and service delivery systems. One way to achieve coordination is to lodge all health-related regulation in the State Health Department, so that the State Health Officer or the Board of Health is responsible for considering policy ramifications of proposed regulatory decisions. This arrangement can work quite well as long as you have a health officer who believes in cooperation and who constantly strives to place the public interest ahead of the parochial interests of special interest groups. But what happens should the Health Department become politicized? What happens should a health officer have a pro-profession rather than a pro-public orientation? Such things have happened in other

states and they could conceivably happen in Minnesota. You want to think about a process, rather than about the situation as it may exist at a given point in time.

In New York State the problem of policy coordination is handled through a Health Planning Commission which is directly under the Governor. The Commission consists of the Commissioners of Education, Social Services, and Health, with the latter usually serving as the Chairman. During the present administration, Governor Carey has designated his health consultant as the chairman. The Commission has a number of active subcommittees dealing with such topics as health and human services manpower, manpower information, health services, and health education planning.

I do not think there is any one best way to bring about effective coordination, but I am convinced that such coordination needs to be built into the system.

During the past year, legislators in two states have attempted to make changes in their regulatory structures. A joint committee in Wisconsin drafted a comprehensive reform package after a year of study. The committee proposed the creation of an Occupational Standards Board that would have rule-making powers of its own as well as the power to review proposed rules and other actions of various boards. The OSB would also provide an administrative appeal route for applicants and licensees who were not satisfied with a board's decision.

In Michigan, the legislature has been considering legislation to strengthen the review powers of the director of the regulatory agency, so that he would be able to overrule board recommendations that he felt were not in the public interest.

In both states these efforts to curb the autonomy of boards have encountered strong opposition from professional and trade associations. In Wisconsin the opposition was so well organized and so effective in its lobbying that the bill got nowhere during the last session.

This does not necessarily mean that the legislation is dead for good. Proponents now recognize that they need to do a better job of organizing support among consumers and other public interest groups. Such groups must communicate to their members the importance of the issue and motivate them to write or telephone their representatives in sufficient numbers to counteract the influence of the trade and professional lobby. Without strong support from the public--or a major commitment from the executive--there is little likelihood that reform legislation can pass that significantly alters the authority structure of licensing.

THE PURPOSE OF REGULATION IS TO PROTECT THE PUBLIC, NOT THE ECONOMIC INTEREST OF THE REGULATED GROUP

This is an important issue, but I will touch on it only lightly. The Federal Trade Commission and the Antitrust Division of the Department of Justice, as well as consumer groups, have already done a great deal to focus attention on the economic implications of licensure. Some of the major issues have been:

- Restrictions on price advertising - Major focus has been on advertising prohibitions in such fields as prescriptions drugs, eyeglasses, and funerals. To some degree this issue seems to be receding in importance since the U.S. Supreme Court ruled that prohibitions

against truthful advertising were a violation of free speech granted by the First Amendment.

- Restrictions on competitive bidding by engineers, architects, and accountants - Here, too, the U.S. Supreme Court has now taken the position that such restrictions violate the antitrust laws.
- Restrictions on the use of paraprofessionals and new technology - The already licensed professions have been reluctant to see new groups encroaching on their turf. Physician's assistants, for example, have had an uphill battle to gain recognition, primarily because of opposition from physicians themselves and from registered nurses. New Jersey is now the only state which refuses to license physician's assistants. I have had a ringside seat at that battle. The strongest opposition comes from the nurses. They claim not that physician's assistants are unqualified to provide services, but that they will take away jobs now held by nurses. There are also nurses who feel that they can practice nursing independently of physicians, outside of a hospital setting.

There is a similar battle taking place in other professions. Dental hygienists are seeking to expand their functions to include the filling of teeth. An experiment conducted at the Forsyth Clinic in Boston suggests that where dental hygienists are allowed to fill teeth, they make fewer errors than do dentists. There is also a controversy brewing over denturism. At the present time, when a person needs false teeth, the dentist takes an impression of the upper or lower part of the mouth and sends the mold to a dental laboratory. A technician at the laboratory constructs the plate and delivers it to the dentist, who in turn, places it in the

patient's mouth, making whatever adjustments are necessary. Now these laboratory technicians are saying that if they were allowed to take impressions, they could construct and deliver high quality dentures to people at a fraction of the price charged by dentists. In some places they have been doing so. Customers appear to be satisfied, but dentists are taking these technicians to court for practicing dentistry without a license.

I do not pretend to know whether dental hygienists can be entrusted with the job of filling teeth, or whether denturists can safely fit dentures. However, there can be little doubt that these are pocketbook issues. They are too important to all of us to allow the decisions to be made by dental licensing boards that have a pecuniary interest in preserving the status quo.

These are some of the reasons why I believe legislators must scrutinize laws and rules which have the effect of restricting competition, limiting the use of paraprofessionals, or inhibiting the introduction of new technology. I am not saying that such restrictions are never justified. However, I am saying that in view of past history, and in view of the pecuniary interest that certain groups may have, legislators should not be too quick to accept the recommendations and viewpoints of those who stand to benefit from preserving existing restrictions. Before you make a decision, I would urge that you seek the views of individuals and groups that are better able to evaluate the proposals from a public interest viewpoint than the group whose own economic interest may be at stake.

CONTINUED COMPETENCE AND ENFORCEMENT

The final set of issues I would like to discuss involves the assurance of continued competence on the part of licensees and the disciplining of those practitioners who are incompetent, negligent, unethical, or otherwise unfit to practice.

In our booklet, we set forth the principle that "once granted, a credential should remain valid only for that period during which the holder can provide evidence of continued competency." As an ideal, this principle is fine, but as a practical matter, it would be extremely difficult to implement at the present time. Nobody is quite sure what constitutes competence in a mature professional. Until we can get agreement as to what continued competence is and how to assess it, it is unrealistic to think in terms of a sweeping requirement for periodic reassessment as a condition of relicensure. Some progress along these lines is being made by the medical specialty certification boards, but I do not see widespread reassessment for relicensure as a practical possibility for many years to come.

I am equally pessimistic about mandatory continuing education. Although such programs have been adopted in many states, there is no evidence that they effectively assure the competence of licensees. Nor is there any assurance that mandatory continuing education is capable of taking incompetent practitioners out of circulation. It is true that some licensees are required to relinquish their licenses for failing to meet the continuing education requirement. However, if one examines who they are, one is likely to find that they are practitioners who have retired or who are no longer active. I would suspect that one would find the incompetent or shoddy practitioners at

the head of the line, eager to get their continuing education credits. It is unlikely that they would let a little inconvenience like the continuing education requirement jeopardize their license to practice.

If it is premature to talk about reexamining licensees to determine whether they are still competent, and if we are dubious about the efficacy of mandatory continuing education as a competency assurance strategy, what options remain? For the time being, at least, the enforcement option may be the strongest card that regulatory officials have to play.

What makes the enforcement option attractive is the fact that it focuses on only a small segment of the licensee population--not on the total group. We start with the assumption that most practitioners are reasonably conscientious, that they try to keep up with their fields, and that they voluntarily restrict their activities to those aspects of the profession where they feel competent. Those who don't are likely to find themselves in difficulty--perhaps by having complaints filed against them by patients or clients, being involved in malpractice suits, or having practice privileges restricted or taken away by the hospital staff. These "high risk" practitioners can be identified in a variety of ways by requiring insurance companies to report promptly all malpractice claims, by requiring hospitals to report on decisions to restrict a practitioner's privileges, by providing toll-free telephone lines to enable the public to report practitioners who may have caused them harm or failed to provide satisfactory service. In New York State a controversial law has been enacted which requires that any licensee who observes an act of negligence, incompetence, or unprofessional conduct on the part of another licensee must report it to the regulatory board on pain of losing his or her

own license for failure to do so. Such legislation conjures up memories of Nazi Germany in many minds, but proponents say that it is the only way to break down the historic tendency of professionals to "protect" one another.

As such reports come in they could be evaluated for seriousness and investigated as promptly as possible. If the facts warranted disciplinary action, the practitioner could be placed on probation, directed to seek additional training, or have his license suspended or revoked. The point is that available resources would be used in tracking down those most likely to harm the public through carelessness or ineptitude. The word would soon get out that boards were serious about disciplining those who were unsafe practitioners and this ought to have a salutory effect on all licensees.

A vigorous enforcement program is also needed to restore public confidence in the licensing system. Consumers frequently charge that regulatory boards are insensitive to complaints from the public and tend to be overly protective of their own licensees. One of our principles states that "complaints should be investigated and resolved in a manner which is satisfactory and credible to the public."

Having said this much, I think I would go even further. In addition to investigating and acting on all complaints received, boards have a responsibility to go out and look for licensees who are taking advantage of the public. In May of this year, a Regulatory Review Task Force in California summarized its findings for the 17 boards and bureaus that it studied. It concluded that many of the problems faced by boards and bureaus are the result of dishonesty or cutting corners in an occupational practice. "A frame of mind is established," the report says, "where dishonesty is considered a normal practice and soon it is no longer perceived as dishonest."

> Internalized morality is easily corrupted in an economic environment where fraud and sometimes dangerous practices are both profitable and unlikely to be identified and punished. No amount of government bureaucracy which is ineffective will compensate for a moral malaise which is profitable.

What to do? An effort must be made, say the authors, to restore "internalized self controls." They say this can only be done by altering the prevailing belief systems within various occupations so that practitioners can change their behavior of their own volition.

If we are to have autonomous regulatory boards, each such board, says the report, must establish and uphold high standards and be willing to act effectively and without mitigation against offenders. Once a board makes its values known and acts on them against those who are immediate offenders, then a new moral climate can be established.

This may sound like high-flown rhetoric, but the Task Force has some specific suggestions. It urges, for example, that the Pharmacy Board begin immediately to build cases against the 50 to 100 licensees who have been proven by Medi-Cal audits to have cheated Medi-Cal and to have broken Pharmacy law in the process. A large batch of these cases should be prosecuted and each one found guilty should have meaningful sanctions imposed. All of this activity must be conducted in full public light with a special effort to inform licensees not under investigation that this is occurring. Once it is shown that dishonesty has severe costs--graded penalties ranging from fines, increasingly lengthy license suspensions and eventually revocations--"the licensees will have internalized a new value--which was the old value--of basically honest dealings."

There is much more in this report that I wish there were time to call to your attention. Much of it is downright shocking. I urge that any of you who are serious about understanding the magnitude of the problem of regulation of occupations through autonomous boards study this report in detail.

As I stated at the outset, my purpose in raising these issues has been to stimulate your thinking and to encourage each of you to learn more about the regulatory situation in your state. You alone can judge which of these issues is worth further study, and possible action.

My purpose in describing what other states are doing and in suggesting possible solutions, again, is to stimulate thinking. I do not believe that there are any readymade or prefabricated solutions. These are difficult and complex problems. Any solution, to stand a chance of succeeding, will have to be fashioned out of your own experience and take account of your own traditions, values, and local conditions.